

B1 (Official Form 1) (04/13)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois				VOLUNTARY PETITION	
Name of Debtor (if individual, enter Last, First, Middle): Thomsen, Donald J.			Name of Joint Debtor (Spouse) (Last, First, Middle): Thomsen, Sandi J.		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-5895			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6059		
Street Address of Debtor (No. and Street, City, and State): 111 Harding Ct. Vernon Hills, IL <div style="text-align: right;">ZIP CODE 60061</div>			Street Address of Joint Debtor (No. and Street, City, and State): 111 Harding Ct. Vernon Hills, IL <div style="text-align: right;">ZIP CODE 60061</div>		
County of Residence or of the Principal Place of Business: Lake			County of Residence or of the Principal Place of Business: Lake		
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s):

Thomsen, Donald J & Sandi J.

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)Location
Where Filed:

Case Number:

Date Filed:

Location
Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s)

(Date)

8/30/15

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s):
Thomsen, Donald J & Sandi J.

Signatures

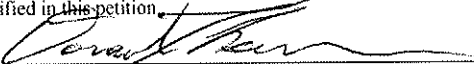
Signature(s) of Debtor(s) (Individual/Joint)

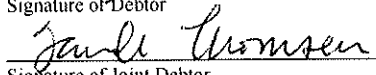
I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X 
Signature of Debtor

X 
Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date 8-30-15

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.


☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X 
Signature of Attorney for Debtor(s)

John Graf

Printed Name of Attorney for Debtor(s)

Law Office of John Graf

Firm Name

175 E. Hawthorn Pkwy., Suite 158
Vernon Hills, IL 60061

Address

847-996-1180

Telephone Number

8/30/15

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Signature

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Thomsen, Donald J.
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*


☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 

Date: 8-30-15

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Thomsen, Sandi J.
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/09) – Cont.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Jane Luomsen

Date: 8.30.15

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Thomsen, Donald & Sandi,
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 140,000.00		
B - Personal Property	Yes	3	\$ 48,950.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 204,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 28,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	29		\$ 286,600.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,407.00
J - Current Expenditures of Individual Debtors(s)	Yes	3			\$ -3,512.00
TOTAL		45	\$ 188,950.00	\$ 518,600.00	

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Thomsen, Donald & Sandi,
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 28,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 28,000.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 3,407.00
Average Expenses (from Schedule J, Line 22)	\$ -3,512.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,199.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 5,650.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 286,600.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 292,250.00

B6A (Official Form 6A) (12/07)

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
111 Harding Ct. Vernon Hills, IL 60061	Fee Simple		140,000.00	190000

Total ► 140,000.00
(Report also on Summary of Schedules.)

B 6B (Official Form 6B) (12/07)

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on persons		100.00
2. Checking, savings or other finan- cial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.		Bank account		600.00
3. Security deposits with public util- ities, telephone companies, land- lords, and others.	x			
4. Household goods and furnishings, including audio, video, and computer equipment.		111 Harding Ct. Vernon Hills, IL 60061		500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		111 Harding Ct. Vernon Hills, IL 60061		250.00
6. Wearing apparel.		111 Harding Ct. Vernon Hills, IL 60061		500.00
7. Furs and jewelry.		111 Harding Ct. Vernon Hills, IL 60061		1,500.00
8. Firearms and sports, photo- graphic, and other hobby equipment.	x			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10. Annuities. Itemize and name each issuer.	x			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	x			

In re Thomsen, Donald J. & Sandi J.,
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	x	CDW 401K		28,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	x			
14. Interests in partnerships or joint ventures. Itemize.	x			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16. Accounts receivable.	x			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	x			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property.	x			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	x			

B 6B (Official Form 6B) (12/07) -- Cont.

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 VW Toureg (\$10,000) 2012 VW Passat (Leased), 2009 Nisan (\$7,500 & Surrender)		17,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total▶				\$ 48,950.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/13)

In re Thomse, Donald J. & Sandi J.,
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash on Person	735 ILCS 5/12 1001(b)	100.00	100.00
Bank Account	735 ILCS 5/12 1001(b)	600.00	600.00
Household Goods	735 ILCS 5/12 1001(b)	500.00	500.00
Books and Pictures	735 ILCS 5/12 1001(a)	250.00	250.00
Wearing Apparel	735 ILCS 5/12 1001(a)	500.00	500.00
Jewelry	735 ILCS 5/12 1001(b)	1,500.00	1,500.00
401K	735 ILCS 5/12 1006(a)	28,000.00	28,000.00
2008 VW Tourag	735 ILCS 5/12 1001(c)	2,400.00	10,000.00
2009 Nissan Rogue (Will Surrender)	735 ILCS 5/12 1001(c)	2,400.00	7,500.00

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B 6D (Official Form 6D) (12/07)

In re Thomsen, Donald J. & Sandi J.
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.602393683			June of 2009					
Ocwen 1661 Worthington Rd #100 West Palm Beach, FL 33409		J	VALUE \$ 140,000.00				190,000.00	50,000.00
ACCOUNT NO.5769243042			November 2012 Nissan Rogue					
Wells Fargo PO Box 25341 Santa Ana, CA 92799	x	J	VALUE \$ 7,500.00				14,000.00	6,500.00
ACCOUNT NO.870888874			VW Passat (See Schedule G)					
VW Credit (Lease) PO Box 5215 Carol Stream, IL 60197		J	VALUE \$ 13,500.00				0.00	0.00
Subtotal ► (Total of this page)							\$ 204,000.00	\$ 5,650.00
Total ► (Use only on last page)							\$ 204,000.00	\$ 5,650.00

0 continuation sheets
attached

(Report also on Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/13)

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) – Cont.

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

B6E (Official Form 6E) (04/13) – Cont.

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. xxx-xx-5895 IRS PO Box 7346 Philadelphia, PA 19101			2012 Payroll Taxes				28,000.00	28,000.00	
Account No. 									
Account No. 									
Account No. 									
Sheet no. <u>0</u> of <u>0</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims							Subtotals▶ (Totals of this page)	\$ 28,000.00	\$ 28,000.00
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							\$ 28,000.00		
Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								\$ 28,000.00	\$

B 6F (Official Form 6F) (12/07)

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 245L5533			2011-2015, Medical Bill				
ACL PO Box 27901 West Allis, WI 53227		H					50.00
ACCOUNT NO. 46817626561			2010-2015, Credit Card Charges, Collector for JCP Credit Card				
Advanced Call Center Tech. PO Box 9091 Gray, TN 37615		W					2,500.00
ACCOUNT NO. LG-1380801			2010-2015, Medical Bill				
Advanced Radiology Consult. 520 E. 22nd St. Lombard, IL 60148		W					50.00
ACCOUNT NO. 814112769			2010-2015, Medical Bill				
Advocate Condell Med. Ctr. PO Box 3039 Oak Brook, IL 60522		W					1,400.00
Subtotal▶							\$ 4,000.00
Total▶							\$

28 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 340944453			2010-2015, Medical Bill				1,300.00
Advocate Lutheran General PO Box 4249 Carol Stream, IL 60197		W					
ACCOUNT NO. 341090744			2010-2015, Medical Bill				1,700.00
Advocate Lutheran General PO Box 4249 Carol Stream, IL 60197		W					
ACCOUNT NO. 343548343			2010-2015, Medical Bill				100.00
Advocate Lutheran General PO Box 4249 Carol Stream, IL 60197		W					
ACCOUNT NO. 344018924			2010-2015, Medical Bill				850.00
Advocate Lutheran General PO Box 3039 Oak Brook, IL 60522		W					
ACCOUNT NO. 1002064027			2010-2015, Medical Bill				50.00
Advocate Medical Group PO Box 92523 Chicago, IL 60675		H					
Sheet no. <u>1</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 4,000.00
							Total▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1001404318			2010-2015, Medical Bill				
Advocate Medical Group PO Box 92523 Chicago, IL 60657		W					2,300.00
ACCOUNT NO. 1002937176			2010-2015, Medical Bill				
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016		J					50.00
ACCOUNT NO. 1002937176			2010-2015, Medical Bill				
Advocate Medical Group PO Box 92523 Chicago, IL 60657		J					550.00
ACCOUNT NO. 342561511			2010-2015, Medical Bill				
Advocate Lutheran Gen. PO Box 4249 Carol Stream, IL 60197		H					700.00
ACCOUNT NO. 25950663			2011-2015, Credit Card Charges, Collector for Citibank - Zales				
AllianceOne Receivables PO Box 3107 Southeastern, PA 19398		H					650.00
Sheet no. <u>2</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 4,250.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4266841246*** Allied Interstate PO Box 1954 Southgate, MI 48195		H	2011-2015, Credit Card Charges, Collector for JP Morgan Chase				1,300.00
ACCOUNT NO. 372398917533** American Express Box 0001 Los Angeles, CA 90096		W	2010-2015, Charge Card Charges				23,100.00
ACCOUNT NO. 8140532299 Ameritox, Ltd. PO Box 402166 Atlanta, GA 30384		W	2010-2015, Medical Bill				50.00
ACCOUNT NO. ACL-15011915 Anesthesia Consultants Ltd. 34121 Eagle Way Chicago, IL 60678		W	2010-2015, Medical Bill				100.00
ACCOUNT NO. 23823 Associated Neurology 1900 Hollister Drive, Ste 250 Libertyville, IL 60048		W	2010-2015, Medical Bill				150.00
Subtotal▶							\$ 24,700.00
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Sheet no. 3 of 28 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. AUS-13070909			2010-2015, Medical Bill				250.00
Austin Anesthesia LLC PO Box 570 Lake Forest, IL 60045		H					
ACCOUNT NO. 426428903397**			2011-2015, Credit Card Charges				15,800.00
Bank of America PO Box 851001 Dallas, TX 75285		W					
ACCOUNT NO. 25154588			2010-2015, Medical Bill				3,200.00
Barrington Pain Spine Inst. PO Box 725 Barrington, IL 60011		J					
ACCOUNT NO. 7001191117288*			2012-2015, Credit Card Charges				4,000.00
Best Buy Credit Services PO Box 688910 Des Moines, IL 50368		W					
ACCOUNT NO. 380801			2010-2015, Medical Bill				150.00
Best Practices Inpatient Care PO Box 268 Lake Zurich, IL 60047		W					
Sheet no. <u>4</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 23,400.00
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ****7759 Capital Management Srvcs. 698 1/2 S. Ogden St. Buffalo, NY 14206		W	2011-2015, Credit Card Charges, Collector for Bank of America				15,800.00
ACCOUNT NO. ****94895110 Capital One, N.A. PO Box 71087 Charlotte, NC 28272		H	2010-2015, Credit Card Charges				700.00
ACCOUNT NO. **** CDW at Play 165 N. Lakeview Pkwy Vernon Hills, IL 60061		J	2010-2015, Day Care Services				2,200.00
ACCOUNT NO. 15011915A Certified Services, Inc PO Box 177 Waukegan, IL 60079		W	2010-2015, Medical Bill, Collector for Anesthesia Consultants				100.00
ACCOUNT NO. 13070909 Certified Services, Inc PO Box 177 Waukegan, IL 60079		H	2010-2015, Medical Bill, Collector for Austin Anesthesia				250.00
<p>Sheet no. <u>5</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p>							<p>Subtotal ▶ \$ 19,050.00</p>
<p>(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)</p>							<p>Total ▶ \$</p>

Case No. _____
(if known)

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10514221			2010-2015, Medical Bill				
Children's Hospital of Chi. PO Box 4066 Carol Stream, IL 60197		J					1,000.00
ACCOUNT NO. ****			2010-2014, Condo Assoc. Dues, Collector for New Century Townhouse Association #2/Villa Mgmt				
Chuhak & Tecson 30 S. Wacker Drive, #2600 Chicago, IL 60606		J					1,100.00
ACCOUNT NO. ****			2010-2014, Condo Association Dues, Collector for New Century Townhouse Association #2				
Chuhak & Tecson 30 S. Wacker Drive, #2600 Chicago, IL 60606		J					1,300.00
ACCOUNT NO. ****27893294			2010-2015, Credit Card Charges, For Sears Credit Card				
Citi PO Box 6286 Sioux Falls, SD 57117		W					4,300.00
ACCOUNT NO. ****95257510			2010-2015, Credit Card Charges				
Citibank - N.A., Zales PO Box 790394 St. Louis, MO 63179		H					600.00
Sheet no. <u>6</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 8,300.00
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ****07030812			2011-2015, Credit Card Charges				2,400.00
Comenity Bank - Carson's PO Box 182125 Columbus, OH 43218		H					
ACCOUNT NO. ****68086987			2011-2015, Credit Card Charges				1,100.00
Comenity Bank - Lane Bryant PO Box 182125 Columbus, OH 43218		W					
ACCOUNT NO. 2263*1022280.1			2010-2015, Medical Bill				50.00
Consolidated Path. Consult. 75 Remittance Dr., #1895 Chicago, IL 60657		W					
ACCOUNT NO. ****99005381			2010-2015, Medical Bill, Collector for Synchrony Bank/ Care Credit Dental				2,000.00
Credit Corp Solutions 180 Election Rd., #200 Draper		H					
ACCOUNT NO. 43006			2010-2015, Medical Bill				100.00
David J. Palmer, M.D. 3633 W. Lake Ave., Ste 301 Glenview, IL 60026		W					
Sheet no. <u>7</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 5,650.00
							Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ****17277050 Discover PO Box 6103 Carol Stream, IL 60197		H	2010-2015, Credit Card Charges				3,000.00
ACCOUNT NO. ****16609636 Discover PO Box 6103 Carol Stream, IL 60197		W	2010-2015, Credit Card Charges				5,900.00
ACCOUNT NO. **** Duffy & Kwaatt Dental Assoc 10 Phillip Rd., Ste 128 Vernon Hills, IL 60061		H	2010-2015, Medical Bill				1,300.00
ACCOUNT NO. 41726** Falls Collection SVC PO Box 668 Germantown, WI 53022		H	2010-2015, Medical Bill, Collector for ACL Inc.				50.00
ACCOUNT NO. W201719420 Farmers Insurance 270 Center Drive, STE 230 Vernon Hills, IL 60061		W	2010-2015, Insurance Bill				200.00
Sheet no. <u>8</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 10,450.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4172682							
Financial Control Solutions PO Box 668 Germantown, WI 53022		H	2010-2015, Medical Bill, Collector for ACL Inc				50.00
ACCOUNT NO. ****00083513							
Gap Visa/GECRB PO Box 103104 Roswell, GA 30076		W	2010-2015, Credit Card Charges				5,800.00
ACCOUNT NO. ****90113189							
GAP/GECRB - Synchrony PO Box 965060 Orlando, FL 32896		H	2010-2015, Credit Card Charges				600.00
ACCOUNT NO. ****27893294							
GC Services LP PO Box 3855 Houston, TX 77253		W	2010-2015, Credit Card Charges, Citibank - Sears Credit Card				5,100.00
ACCOUNT NO. ****99005381							
GE Capital Retail/Care Credit PO Box 965061 Orlando, FL 32896		H	2010-2015, Medical Bill, Medical Charge Card				1,700.00
Subtotal▶							\$ 13,250.00
Total▶							\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 46817626561		W	2010-2015, Credit Card Charges				2,500.00
GE Capital/JCP Credit PO Box 965009 Orlando, FL 32896							
ACCOUNT NO. ****90113189		H	2010-2015, Credit Card Charges, Collector for Synchrony Bank/Gap Credit Card				600.00
Genpact Services LLC PO Box 1969 Southgate, MI 48195							
ACCOUNT NO. 30171A-B		H	2010-2015, Medical Bill				900.00
Glenbrook Pediatrics SC 2551 Compass Rd., STE 100 Glenview, IL 60026							
ACCOUNT NO. 009613170347		H	2010-2015, Medical Bill, Collector for Presence St. Francis Hospital				900.00
Grant & Weber 861 Coronado Ctr. Dr., #211 Henderson, NV 89052							
ACCOUNT NO. 010578577		H	2010-2015, Medical Bill, Collector for Presence St. Francis Hospital (multiple accounts)				1,400.00
Grant & Weber 861 Coronado Ctr. Dr., #211 Henderson, NV 89052							
Sheet no. <u>10</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 6,300.00
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Case No. _____
(if known)

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6355131		H	2010-2015, Credit Card Charges, Collector for Von Maur Acct 017671348				350.00
H&R Accounts 4625 6th St. SW, STE 2 Cedar Rapids, IA 52404							
ACCOUNT NO. 24292943		W	2010-2015, Medical Bill, Collector for Northshore University Healthsystem				400.00
Harris & Harris Ltd. 111 W. Jackson Blvd, #400 Chicago, IL 60064							
ACCOUNT NO. 23853072		W	2010-2015, Medical Bill, Collector for Northshore University Healthsystem				1,000.00
Harris & Harris Ltd. 111 W. Jackson Blvd, #400 Chicago, IL 60064							
ACCOUNT NO. 22938037		W	2010-2015, Medical Bill, Collector for Northshore University Healthsystem				900.00
Harris & Harris Ltd. 111 W. Jackson Blvd, #400 Chicago, IL 60064							
ACCOUNT NO. 81665838-1-89		H	2010-2015, Medical Bill, Collector for Duffy & Kwaiitt Dental				1,300.00
IC System 444 Hwy 96 E, Box 64378 St. Paul, MN 55164							
Sheet no. <u>11</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 3,950.00
							Total▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 15925735							
ICS-Illinois Collection Service PO Box 1010 Tinley Park, IL 60477		W	2010-2015, Medical Bill, Collector for Lutheran General Hospital				700.00
ACCOUNT NO. 16142535							
ICS-Illinois Collection Service PO Box 1010 Tinley Park, IL 60477		H	2010-2015, Medical Bill, Collector for SRCO - Advocate Lutheran General				150.00
ACCOUNT NO. 16190736							
ICS-Illinois Collection Service PO Box 1010 Tinley Park, IL 60477		H	2010-2015, Medical Bill, Collector for Presence St. Francis Hospital				400.00
ACCOUNT NO. 16267846							
ICS-Illinois Collection Service PO Box 1010 Tinley Park, IL 60477		W	2010-2015, Medical Bill, Collector for Advocate Medical Group				1,100.00
ACCOUNT NO. 56-10229628							
IHC-Libertyville Emergency PO Box 3261 Milwaukee, WI 53201		W	2010-2015, Medical Bill				100.00
Sheet no. <u>12</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 2,450.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5783*23948		W	2010-2015, Medical Bill				50.00
IICLCR 44000 Garfield Rd. Clinton TWP, MI 48038							
ACCOUNT NO. 7207190		H	2010-2015, Medical Bill				200.00
IL Bone and Joint Institute 5057 Paysphere Cir. Chicago, IL 60674							
ACCOUNT NO. 16190736		W	2010-2015, Medical Bill, Collector for Advocate Medical Group				50.00
Illinois Collection Service PO Box 1010 Tinley Park, IL 60477							
ACCOUNT NO. 29293		W	2010-2015, Medical Bill				400.00
Illinois Pain Institute 431 Summit St. Elgin, IL 60120							
ACCOUNT NO. 56-10229628		W	2010-2015, Medical Bill				100.00
Infinity Healthcare Physicians PO Box 6545 Madison, WI 53716							
Sheet no. <u>13</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ➤ \$ 800.00
							Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ****6059		W	2010-2015, Tax Liability				28,400.00
Internal Revenue Service Kansas City, MO 64999-0202							
ACCOUNT NO. 18359557		H	2010-2015, Credit Card Charges, Collector for Kohl's Department Stores				1,000.00
JC Christensen & Assoc PO Box 519 Sauk Rapids, MN 56379							
ACCOUNT NO. 11537GERB		W	2010-2015, Medical Bill				50.00
JDT Medical Billing Ltd 1200 Shermer Rd #208 Northbrook, IL 60062							
ACCOUNT NO. 6002485368		H	2011-2015, Credit Card Charges				2,500.00
Kay Jewelers PO Box 740425 Cincinnati, OH 45274							
ACCOUNT NO. 170699		H	2010-2015, Medical Bill, Collector for IL Gastroenterology Group				500.00
Keynote Consulting 220 W. Campus Dr., Ste 102 Arlington Heights, IL 60004							
Sheet no. <u>14</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 32,450.00
Total ► (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. 09639964203		H	2010-2015, Department Store Charge Card Charges				1,000.00	
Kohls PO Box 3115 Milwaukee, WI 53201								
ACCOUNT NO. 6002485368		H	2011-2015, Credit Card Charges, Collector for Kay Jewelers/Sterling Jewelers				2,500.00	
Lake Law Magistrate 18 N. County St. Waukegan, IL 60085								
ACCOUNT NO. ****153633		H	2010-2015, Medical Bill				500.00	
Lakeshore Gastroenterology PO Box 7630 Gurnee, IL 60031								
ACCOUNT NO. 209131600020		W	2010-2015, Medical Bill				100.00	
Loyola Univiersity Medical Ctr PO Box 3021 Milwaukee, WI 53201								
ACCOUNT NO. DS2 020960514		W	2010-2015, Credit Card Charges, Collector for Department Store National Bank - Macy's				4,700.00	
LTD Financial Services LP PO Box 630788 Houston, TX 77074								
Sheet no. <u>15</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶	\$ 8,800.00
							Total▶	\$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)								

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4372439322690							
Macy's PO Box 8053 Mason, OH 45040		W	2010-2015, Department Store Charge Card Charges				4,700.00
ACCOUNT NO. 105763668							
Malcom S. Gerald & Assoc 332 S. Michigan Ave, #600 Chicago, IL 60604		W	2010-2015, Medical Bill, Collector for Northwestern Lake Forest Hospital				650.00
ACCOUNT NO. 9912150							
Medical Recovery Specialists 2250 E. Devon Ave, Ste 352 Des Plaines, IL 60018		W	2010-2015, Medical Bill, Collector for Northshore University Healthsystem				100.00
ACCOUNT NO. 9875512							
Medical Recovery Specialists 2250 E. Devon Ave, Ste 352 Des Plaines, IL 60018		W	2010-2015, Medical Bill, Collector for Northshore University Healthsystem				100.00
ACCOUNT NO. 32921166							
MediCredit PO Box 1629 Maryland Heights, MO 63043		W	2010-2015, Medical Bill, Collector for Loyola Physicians				100.00
Sheet no. <u>16</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 5,650.00
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7353450							
Merchants & Medical Credit PO Box 505 Linden, MI 48451		H	2010-2015, Credit Card Charges, Collector for Capital One, N.A. - Kohl's Department Store				1,000.00
ACCOUNT NO. 8565112041							
Midland Credit Mgmt. 8875 Aero Dr., Ste 200 San Diego, CA 92123		J	2010-2015, Credit Card Charges, Collector for Citibank, N.A. - Sears Card				5,200.00
ACCOUNT NO. 402655-G							
Midwest Diag. Pathology 520 E. 22nd St. Lombard, IL 60148		H	2010-2015, Medical Bill				400.00
ACCOUNT NO. 13685253							
MiraMed Revenue Group PO Box 77000, Dept 77304 Detroit, MI 48277		H	2010-2015, Medical Bill, Collector for Presence Medical Group (multiple accounts)				1,000.00
ACCOUNT NO. 16825293							
MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148		W	2010-2015, Medical Bill, Collector for Northwestern Medicine				400.00
Sheet no. <u>17</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 8,000.00
							Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 26346521		H	2010-2015, Credit Card Charges, Collector for Synchrony Bank for JCP Credit Card				2,500.00
Monarch Recovery Mgmt. PO Box 21089 Philadelphia, PA 19114							
ACCOUNT NO. 402655-G		H	2010-2015, Medical Bill, Collector for Midwest Diagnostic Pathology				400.00
MRSI 2250 E. Devon Ave., Ste 352 Des Plaines, IL 60018							
ACCOUNT NO. 15048125742		W	2010-2015, Credit Card Charges, Collector for Synchrony Bank - Gap Visa Card				6,000.00
Nationwide Credit Inc. PO Box 26314 Lehigh Valley, PA 18002							
ACCOUNT NO. 13685253		J	2010-2014, Condo Association Dues				1,300.00
New Century Twnhouse Assc PO Box 7110 Libertyville, IL 60048							
ACCOUNT NO. 42346**		H	2010-2015, Department Store Charge Card Charges				250.00
Nordstrom Bank Colorado PO Box 6555 Englewood, CO 80155							
Sheet no. <u>18</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$
							Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. F57036512		H	2010-2015, Credit Card Charges, Collector for Macy's				4,700.00
Northland Group, Inc. PO Box 390905 Minneapolis, MN 55439							
ACCOUNT NO. 352536		J	2010-2015, Medical Bill				100.00
Northshore Pathology Dept. 77-9277 Chicago, IL 60678							
ACCOUNT NO. 32823439		W	2010-2015, Medical Bill				250.00
Northshore University Health 23056 Network Place Chicago, IL 60673							
ACCOUNT NO. 364403		W	2010-2015, Medical Bill				1,300.00
Northshore University Health 23056 Network Place Chicago, IL 60673							
ACCOUNT NO. 710967		H	2010-2015, Medical Bill				1,000.00
Northshore University Health 23056 Network Place Chicago, IL 60673							
Sheet no. <u>19</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ➤ \$ 7,350.00
Total ➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER		HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
(See instructions above.)							
ACCOUNT NO. 32865415							
Northshore University Health 23056 Network Place Chicago, IL 60673		W	2010-2015, Medical Bill, For Pinnacle Management Services				50.00
ACCOUNT NO. 32058863							
Northshore University Health 23056 Network Place Chicago, IL 60673		W	2010-2015, Medical Bill, For Pinnacle Management Services				100.00
ACCOUNT NO. 13686							
Northwest Suburban Pain Ctr 880 W. Central Rd. #3600 Arlington Heights, IL 60005		W	2010-2015, Medical Bill				250.00
ACCOUNT NO. 002381958E							
Northwestern Medical Group 26609 Network Place Chicago, IL 60673		W	2010-2015, Medical Bill				700.00
ACCOUNT NO. 2381958							
Northwestern Medicine 28155 Network Place Chicago, IL 60673		W	2010-2015, Medical Bill				750.00
Subtotal▶							\$ 1,850.00
Total▶							\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Sheet no. 21 of 28 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶	\$	4,450.00
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Total	\$
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(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2193		W	2010-2015, Medical Bill				400.00
Pinnacle Anesthesia, LTD 431 Summit St., #101B Elgin, IL 60120							
ACCOUNT NO. 32823439		W	2010-2015, Medical Bill, Collector for Northshore University Health System Hospital Services				250.00
Pinnacle Mgmt Services 830 Roundabaout, Suite B West Dundee, IL 60118							
ACCOUNT NO. 32058863		W	2010-2015, Medical Bill, Collector for Northshore University Health System Professional Services				150.00
Pinnacle Mgmt Services 830 Roundabaout, Suite B West Dundee, IL 60118							
ACCOUNT NO. ****90113139		H	2010-2015, Credit Card Charges, Collector for Gap/Synchrony Bank				800.00
Portfolio Recovery Assoc. PO Box 12914 Norfolk VA 23541							
ACCOUNT NO. 5147243		W	2010-2015, Medical Bill				550.00
Presence Medical Group 62314 Collection Ctr Dr. Chicago, IL 60693							
Sheet no. <u>22</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 2,150.00
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 000160449			2010-2015, Medical Bill				
Presence Medical Group 19 Mollison Way Lewiston, ME 04240		W					150.00
ACCOUNT NO. 000160449			2010-2015, Medical Bill, Collector for Presence Medical Group				
Presence Service Corp 19 Mollison Way Lewiston, ME 04240		W					350.00
ACCOUNT NO. 000279720			2010-2015, Medical Bill, Collector for Presence Medical Group				
Presence Service Corp 19 Mollison Way Lewiston, ME 04240		H					600.00
ACCOUNT NO. 009613170347			2010-2015, Medical Bill				
Presence St. Francis Hosp. 621 17th St., Ste 1800 Denver, CO 80293		H					1,000.00
ACCOUNT NO. 46817626561			2010-2015, Credit Card Charges, Collector for JCP Credit Card				
Prof. Bureau of Coll. of MD PO Box 628 Elk Grove, CA 95759		W					2,500.00
Sheet no. <u>23</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 4,600.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 000160449			2010-2015, Medical Bill				300.00
Resurrection Health Care 62314 Collection Ctr Dr. Chicago, IL 60693		W					
ACCOUNT NO. 000279720			2010-2015, Medical Bill				600.00
Resurrection Health Care 62314 Collection Ctr Dr. Chicago, IL 60693		H					
ACCOUNT NO. 0012319922			2010-2015, Credit Card Charges, Collector for Lane Bryant/Comenity Bank				1,200.00
RGS Collections Inc. PO Box 852039 Richardson, TX 75085		W					
ACCOUNT NO. ****			2012-2015, Personal Loan				200.00
Sabina Olech 3209 N. Keating 3N Chicago, IL 60641		J					
ACCOUNT NO. 9344282353			2010-2015, Loan Fees				800.00
Sallie Mae PO Box 9500 Wilkes Barre, PA 18773		W					
Sheet no. <u>24</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 3,100.00
							Total▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 000160449							
Sears Credit Cards PO Box 183081 Columbus, OH 43218		W	2010-2015, Credit Card Charges				5,100.00
ACCOUNT NO. 42346**							
Sentry Credit 2809 Grand Ave. Everett, WA 8201-3417		H	2010-2015, Credit Card Charges, Collector for Nordstroms				300.00
ACCOUNT NO. ****46385338							
Slate Chase Cardmember PO Box 15153 Wilmington, DE 19886		H	2010-2015, Credit Card Charges				1,600.00
ACCOUNT NO. 6108866							
State Collection Service, Inc PO Box 6250 Madison, WI 53716		W	2010-2015, Medical Bill, Collector for Take Care Health - Walgreens				50.00
ACCOUNT NO. 21669240							
Sunrise Credit Service, Inc. PO Box 9100 Farmingdale, NY 11735		W	2010-2015, Credit Card Charges, Collector for Bank of America				15,900.00
Sheet no. <u>25</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 22,950.00
							Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 46817626561		W	2010-2015, Credit Card Charges for JCP Credit Card				2,500.00
Synchrony Bank PO Box 320006 Birmingham, AL 35222							
ACCOUNT NO. ****99005381		H	2010-2015, Credit Card Charges, For Care Credit				2,100.00
Synchrony Bank PO Box 965033 Orlando, FL 32896							
ACCOUNT NO. ****00083513		W	2010-2015, Credit Card Charges for Gap Visa				5,800.00
Synchrony Bank - Gap Visa PO Box 965060 Orlando, FL 32896							
ACCOUNT NO. 6108866		W	2010-2015, Medical Bill				50.00
Take Care Health Systems 1901 E. Voorhees, MS 3099 Danville, IL 61832							
ACCOUNT NO. 21669240		H	2010-2015, Credit Card Charges, Collector for Citibank, N.A. - Zales				650.00
United Recovery Systems PO Box 722910 Houston, TX 77272							
Sheet no. <u>26</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 11,100.00
							Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 437243932690		W	2010-2015, Credit Card Charges, Collector for Macy's Credit Card				4,700.00
United Recovery Systems PO Box 722910 Houston, TX 77272							
ACCOUNT NO. ****		J	2010-2014, Condo association dues, for New Century Town Townhouse Association #2				1,300.00
Villa Management, LTD PO Box 7110 Libertyville, IL 60048							
ACCOUNT NO. 012766275		W	2010-2015, Department Store Charge Card Charges				600.00
Von Maur PO Box 790298 St. Louis, MO 63179							
ACCOUNT NO. 017671348		H	2010-2015, Department Store Charge Card Charges				350.00
Von Maur PO Box 790298 St. Louis, MO 63179							
ACCOUNT NO. ****17277050		H	2010-2015, Credit Card Charges, Collector for Discover Bank				3,000.00
Welman, Weinberg & Reis PO Box 5402 Cleveland, OH 44101							
Sheet no. <u>27</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 9,950.00
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

B 6F (Official Form 6F) (12/07) - Cont.

In re Thomsen, Donald and Sandi,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4546787 Zwicker and Associates PO Box 9013 Andover, MA 01810		J	Charge Card Charges, Collector for American Express				23,200.00
ACCOUNT NO. 							
ACCOUNT NO. 							
ACCOUNT NO. 							
ACCOUNT NO. 							
Subtotal ▶							\$ 23,200.00
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 286,600.00

Sheet no. 28 of 28 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
VW Credit PO Box 5215 Carol Stream, IL 60197	VW Passat - This lease is up in October of 2015

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>Gennifer Reynolds 1723 Victor Terr. Gurnee, IL 60031</p>	<p>Wells Fargo (Auto Loan) PO Box 25341 Santa Ana, CA 92799</p>

Fill in this information to identify your case:

Debtor 1	Donald	J.	Thomsen
	First Name	Middle Name	Last Name
Debtor 2	Sandi	J.	Thomsen
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern District of Illinois	
Case number (If known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
- ☐ Not employed

Occupation

Logistics

Employer's name

CDW

Employer's address

200 N. Milwaukee Ave.
Number Street

Vernon Hills IL 60061
City State ZIP Code

How long employed there? 7 years

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Sales

ABC Printing Company

5654 N. Elston
Number Street

Chicago IL 60646
City State ZIP Code

3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,699.00

\$ 2,500.00

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 2,699.00

\$ 2,500.00

Debtor 1 Donald J. Thomsen
First Name Middle Name Last Name

Case number (if known)

Copy line 4 here → 4. For Debtor 1 \$ 2,699.00 For Debtor 2 or non-filing spouse \$ 2,500.00

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a.	\$ 433.00	\$ 493.00
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c.	\$ 130.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d.	\$ 260.00	\$ 0.00
5e. Insurance	5e.	\$ 476.00	\$ 0.00
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00
5g. Union dues	5g.	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.	+\$ 0.00	+\$ 0.00

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 1,299.00 \$ 0.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,400.00 \$ 2,007.00

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00
8b. Interest and dividends	8b.	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	8d.	\$ 0.00	\$ 0.00
8e. Social Security	8e.	\$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g.	\$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.	+\$ 0.00	+\$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 1,400.00 + \$ 2,007.00 = \$ 3,407.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.

\$ 3,407.00
Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 Donald J. Thomsen
First Name Middle Name Last Name

Debtor 2 Sandi Thomsen
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

4 yrs

- ☐ No
- ☒ Yes

Son

1 yrs

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- 3. Do your expenses include expenses of people other than yourself and your dependents?**
- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,824.00

If not included in line 4:

4a. Real estate taxes

4a. \$

4b. Property, homeowner's, or renter's insurance

4b. \$

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 175.00

Debtor 1 Donald J. Thomsen
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | | | |
|--|------|----|-----------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. | \$ | <u>0.00</u> |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | <u>210.00</u> |
| 6b. Water, sewer, garbage collection | 6b. | \$ | <u>75.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | <u>189.00</u> |
| 6d. Other. Specify: _____ | 6d. | \$ | _____ |
| 7. Food and housekeeping supplies | 7. | \$ | <u>675.00</u> |
| 8. Childcare and children's education costs | 8. | \$ | <u>2,500.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | <u>75.00</u> |
| 10. Personal care products and services | 10. | \$ | <u>25.00</u> |
| 11. Medical and dental expenses | 11. | \$ | <u>200.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. | \$ | <u>300.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | <u>25.00</u> |
| 14. Charitable contributions and religious donations | 14. | \$ | <u>0.00</u> |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | <u>0.00</u> |
| 15b. Health insurance | 15b. | \$ | <u>0.00</u> |
| 15c. Vehicle insurance | 15c. | \$ | <u>194.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. | \$ | _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. | \$ | <u>0.00</u> |
| 17. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | <u>352.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. | \$ | <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. | \$ | <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. | \$ | <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. | \$ | <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | |
| 20a. Mortgages on other property | 20a. | \$ | <u>0.00</u> |
| 20b. Real estate taxes | 20b. | \$ | <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | <u>0.00</u> |

Debtor 1 Donald J. Thomsen
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0.00

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. \$ 6,919.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 3,407.00

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 6,919.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ -3,512.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Thomsen, Donald J. & Sandi J.,
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 47 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 8-30-15

Signature: [Signature]
Debtor

Date 8.30.15

Signature: [Signature]
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re: Thomsen, Donald J. & Sandi J.
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$34,643.00

2015 -\$19,643 (CDW) & \$15,000 (ABC) 2014 -\$31,000 (CDW) &
\$8,400 (TGP) 2013 - \$27,700 (CDW) & \$102,000 (TGP)

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$16,800.00	\$700 per month in rent from Thomsen Group Promotions but debtors are no longer receiving this rent.

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None
☒

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
VW Credit - Auto Lease 2012 Passat	05/2015-07/2015	1,062.00	708.00

None
☐

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Various	Collections	Lake & Cook County Circuit Court	Judgment for Plaintiff/Pend

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Sterling (Kay) Jewelers	03/05/2015	Wage Garnishment

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

4

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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B7 (Official Form 7) (04/13)

5

9. Payments related to debt counseling or bankruptcy

None
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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John Graf, Esq., 175 E. Hawthorn Pkwy., #158 Vernon Hills, IL 60061	January 2015	\$1,500.00
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10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None
☐

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

Chase	Joint checking account - 7668	\$2700 January 2015
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B7 (Official Form 7) (04/13)

6

12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
---------------------------------	-------------------	---------------------

14. Property held for another person

None
☐

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Debtors jointly own auto w/ Gennifer Reynolds that they wish to surrender	2009 Nissan Rogue Approx. Value \$7500	Vernon Hills

15. Prior address of debtor

None
☒

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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B7 (Official Form 7) (04/13)

7

16. Spouses and Former Spouses

None
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight** years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None
☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None
☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None
☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None
☐

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

B7 (Official Form 7) (04/13)

8

other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Thomsen Promotions Group		111 Harding Ct. Vernon Hills, IL	Promotions	

☐ None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

☐ None ☒ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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Richard Steel & Assoc. 700 N. Lake St., Mundelein, IL 60060

☐ None ☒ b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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B7 (Official Form 7) (04/13)

9

None
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other basis)

None
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

B7 (Official Form 7) (04/13)

10

22 . Former partners, officers, directors and shareholders

None
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
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* * * * *

[If completed by an individual or individual and spouse]

B7 (Official Form 7) (04/13)

11

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 8-30-15

Signature of Debtor

[Signature]

Date 8.30.15

Signature of Joint Debtor (if any)

[Signature]

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date _____

Signature _____

Print Name and Title _____

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____

Social-Security No. (Required by 11 U.S.C. § 110.) _____

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

Signature of Bankruptcy Petition Preparer _____

Date _____

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

B 203
(12/94)

United States Bankruptcy Court

Northern District Of Illinois

In re Donald & Sandi Thomsen

Case No. _____

Debtor Thomsen, Donald & Sandi

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 1,500.00

Prior to the filing of this statement I have received \$ 1,500.00

Balance Due \$ 0

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

8/30/15
Date

[Signature]

Signature of Attorney

Law Office of John Graf

Name of law firm